

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

08

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		114376.35
(b) Cash on Hand at Beginning of Reporting Period	115119.65	
(c) Total Receipts (from Line 19)	36920.00	272814.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	152039.65	387190.35
7. Total Disbursements (from Line 31)	15103.50	250254.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	136936.15	136936.15
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28950.00	236809.00
(i) Itemized (use Schedule A)	7970.00	16505.00
(ii) Unitemized	36920.00	253314.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	12000.00
(c) Other Political Committees (such as PACs)	36920.00	265314.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36920.00	272814.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36920.00	272814.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	103.50	202.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	103.50	202.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	250051.70
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15103.50	250254.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15103.50	250254.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	36920.00	265314.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36920.00	265314.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	103.50	202.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	103.50	202.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dell Van Gilder, Jr.

Mailing Address 1991 East Alameda #11

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Gilder Insurance Corp-
oration

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137080

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary Leicht

Mailing Address 617 Bay Vista

City

Seabrook

State

TX

Zip Code

77586-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Risk Placement Services,
Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137081

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marshall B. Leicht

Mailing Address 617 Bay Vista

City

Seabrook

State

TX

Zip Code

77586-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Risk Placement Services,
Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137120

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Cory T. Walker

Mailing Address 5 Tidewater Drive

City

Ormond Beach

State

FL

Zip Code

32174-4295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137146

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Mr. Sam R. Boone

Mailing Address 8342 Via Rosa

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137236

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Roy Bridges

Mailing Address 4201 Bayshore Boulevard
Unit 1901

City

Tampa

State

FL

Zip Code

33611-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137247

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian Chase Brooks

Mailing Address 406 Carman Drive

City

Leesburg

State

FL

Zip Code

34748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137274

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Horace M. Johnson, Jr.

Mailing Address 6877 Gulf of Mexico

City

Longboat Key

State

FL

Zip Code

34228-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28137281

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Sara S. Butler

Mailing Address 3266 Winthrop Circle

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28138272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey L. Eisen

Mailing Address 610 Enclave Circle W

City

Pembroke Pines

State

FL

Zip Code

33027-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28138922

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael A. Garguilo

Mailing Address 14 Cranberry Bnd

City

The Woodlands

State

TX

Zip Code

77381-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28139263

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Colin E. Lowe

Mailing Address 23312 Boca Chica Circle

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28139265

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Christine M. Lydecker

Mailing Address 18 Broadriver Road

City

Ormond Beach

State

FL

Zip Code

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28139266

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Gill

Mailing Address 10281 Blue Palm Street

City

Fort Lauderdale

State

FL

Zip Code

33324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 28154021

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Theodore A. Betoni, Jr.

Mailing Address 601 Lippincott Avenue

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acumen Re Management Corp-
oration

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 28154022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Knudson

Mailing Address 527 Farmersville Road

City

Flemington

State

NJ

Zip Code

08822-7146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 28154029

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Riordan

Mailing Address 11640 Oak Avenue

City

Seminole

State

FL

Zip Code

33772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 28154034

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. George B. Wilson

Mailing Address 6720 Deland Drive

City

Springfield

State

VA

Zip Code

22152-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 28161862

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Stanchina

Mailing Address 4314 Hanover Avenue

City

Richmond

State

VA

Zip Code

23221-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Transaction ID: 28161868

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City

Roanoke

State

VA

Zip Code

24014-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford Companies, The

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Transaction ID: 28161877

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. M. Scott McLaughlin

Mailing Address 3750 Floyd Drive

City

Baton Rouge

State

LA

Zip Code

70808-3717

FEC ID number of contributing
federal political committee.

C

Name of Employer
BancorpSouth Insurance Se-
rvices, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Transaction ID: 28161879

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Laverne C. Wicks

Mailing Address 11200 Bent Pine Drive

City

Fort Myers

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 28207239

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. John T. Manner

Mailing Address 719 Catherine Street

City

Joliet

State

IL

Zip Code

60435-5805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 28207256

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert P. Hollander

Mailing Address 6500 Main Street
Apartment 301

City

Hialeah

State

FL

Zip Code

33014-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. of Mi-
ami

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 28207428

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ed Harrington

Mailing Address 10042 S. Deer Creek Street

City

Highlands Ranch

State

CO

Zip Code

80129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Gilder Insurance Corp-
oration

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 28207431

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy A. Desett

Mailing Address 13149 El Monte Drive

City

Leawood

State

KS

Zip Code

66209-4160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: 28209843

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nicholas Dereszynski

Mailing Address 508 Briar Brook Run

City

Fayetteville

State

NY

Zip Code

13066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: 28209876

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Tom M. Huval

Mailing Address 1008 Rue Bois De Chene

City

Breaux Bridge

State

LA

Zip Code

70517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Brown of Baton
Rouge

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: 28209890

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Laurel L. Grammig

Mailing Address 21 Bahama Circle

City

Tampa

State

FL

Zip Code

33606-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: 28209932

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth D. Kirk

Mailing Address 5019 E. Crestview Drive

City

Paradise Valley

State

AZ

Zip Code

85253-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: 28210925

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dale A. Kaprosy

Mailing Address 7072 Cornell Lane

City

Mentor

State

OH

Zip Code

44060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28211202

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Ratelle

Mailing Address 6804 Brittany Road

City

Edina

State

MN

Zip Code

55435-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28211203

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Gayle A. Ice

Mailing Address 17794 Brandywine Drive

City

Strongsville

State

OH

Zip Code

44136-7070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28211211

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 17 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Jacobs

Mailing Address 6365 209th Street N

City

Forest Lake

State

MN

Zip Code

55025-8063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (BR)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28231150

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David C. Jacobs

Mailing Address 575 Marygate Drive

City

Bay Village

State

OH

Zip Code

44140-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28240893

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. David P. O'Brien

Mailing Address 3028 Waterfall Way

City

Westlake

State

OH

Zip Code

44145-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28245278

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 18 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James D. Judd

Mailing Address 47 Santin Circle

City

Bedford

State

OH

Zip Code

44146-3455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28245831

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marc S. Byrnes

Mailing Address 3040 Topping Lane

City

Hunting Valley

State

OH

Zip Code

44022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28246224

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mark R. Freiman

Mailing Address 22176 East Byron

City

Shaker Heights

State

OH

Zip Code

44122-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28246227

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 19 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary Beth Bergenstein

Mailing Address 27324 Forsythia Drive

City

Columbia Township

State

OH

Zip Code

44028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28246239

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Sobek

Mailing Address 18358 Glen Cairn Way

City

Strongsville

State

OH

Zip Code

44149-6793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28246279

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James J. Balaguer

Mailing Address 17427 Beech Grove Trail

City

Chagrin Falls

State

OH

Zip Code

44023-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: 28246364

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis Johnson

Mailing Address 17 Corey Creek Rd.

City

Toledo

State

OH

Zip Code

43623-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brooks Insurance Agency,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 28246480

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Craig M. Van der Voort

Mailing Address 9 Oak Lake Drive

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arthur J. Gallagher & Co.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: 28260131

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bradley K. Anderson

Mailing Address 1328 Grape Street

City

Denver

State

CO

Zip Code

80220-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Gilder Insurance Corp-
oration

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 8

Transaction ID: 28267410

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Glenn Spencer

Mailing Address 5524 Golden Bear Drive

City

Overland Park

State

KS

Zip Code

66223-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 8

Transaction ID: 28267569

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Pruett

Mailing Address 311 Howard Street
PO Box 4600

City

Mt. Airy

State

NC

Zip Code

27030

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Insurance Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 28314479

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Mr. John F. Murray, Jr.

Mailing Address 10 Naples Court

City

Troy

State

NY

Zip Code

12180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 28314482

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 22 / 29

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Alice Campbell

Mailing Address 2468 Montgomery Avenue

City

State

Zip Code

Cardiff

CA

92007-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28321666

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Mark D. Nash

Mailing Address 4260 Randolph Street

City

State

Zip Code

San Diego

CA

92103-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28321726

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Hering

Mailing Address 13040 Aguamarina Point

City

State

Zip Code

San Diego

CA

92128-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Principal

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28322430

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Trask, Jr.

Mailing Address 1356 Cassins Street

City

Carlsbad

State

CA

Zip Code

92011-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28322489

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David E. Cannon

Mailing Address 449 Modoc Avenue

City

Oakland

State

CA

Zip Code

94618-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28322499

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Steven S. Finden

Mailing Address 579 Hidden Ridge Court

City

Encinitas

State

CA

Zip Code

92024-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28322510

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Shawn P. Pynes

Mailing Address 1504 Vivaldi Street

City

Cardiff By The Sea

State

CA

Zip Code

92007-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: 28322513

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

28950.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
McCotter Congressional Committee

Mailing Address P.O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thaddeus G. McCotter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: 28195734

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Friends Of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Roy Blunt

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 28231484

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Stephanie Tubbs Jones

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 28231486

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Erik Paulsen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: 28231490

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City State Zip Code
Richmond VA 23226

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Eric Cantor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 28231580

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Diana DeGette

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: 28231582

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 81 S Fifth Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Stivers

Office Sought:

☒ House

☐ Senate

☐ President

State: OH

District: 15

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 28313257

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address PO Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael N. Castle

Office Sought:

☒ House

☐ Senate

☐ President

State: DE

District: 01

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 28313262

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doris Matsui

Office Sought:

☒ House

☐ Senate

☐ President

State: CA

District: 05

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 28313263

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Royce Campaign Committee

Mailing Address P.O. Box 2525

City
Orange

State
CA

Zip Code
92859

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ed Royce

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: 28313270

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Dennis Cardoza

Mailing Address PO Box 2749

City
Merced

State
CA

Zip Code
95340

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Dennis A. Cardoza

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: 28313271

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Moran For Congress

Mailing Address 5515 Franconia Rd.
Ste. B

City
Alexandria

State
VA

Zip Code
22310

Purpose of Disbursement

011

Category/
Type

Candidate Name
James P. Moran

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 08

Transaction ID: 28322305

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Campbell For Congress

Mailing Address 4590 Macarthur Boulevard
Suite 500

City State Zip Code
Newport Beach CA 92660

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Campbell

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: 28322338

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brad Miller For United States Congress

Mailing Address PO Box 10322

City State Zip Code
Raleigh NC 27605

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Bradley Miller

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: 28322351

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

15000.00